

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

109

1. PLACE OF BIRTH

State File No. _____

Registered No. 95County Gila State Arizona

Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____2. Full name of child Frank Zora Riley

{ If child is not yet named, make supplemental report, as directed

3. Sex Male If plural Births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Nov 4 1920 (Month, day, year)9. Full name of FATHER Morgan Mickey Riley 18. Full name of MOTHER Brotherly Louis M. Zora10. Residence (usual place of abode) Hayden 19. Residence (usual place of abode) Hayden (If nonresident, give place and State)11. Color White 12. Age at last birthday 34 (Years) 20. Color White 21. Age at last birthday 24 (Years)13. Birthplace (city or place) Stano 22. Birthplace (city or place) Beaumont (State or country) Texas14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glutton brewer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 4 years 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 3 yrs27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:00 m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____ (Date of) _____

(Signed) Charles B. Smith, M.D.

or _____ Midwife

Address Hayden, ArizonaFiled Nov 8 1920 W. J. Ward Registrar

Registrar.

698-1104-445